

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC 29 AM 10: 35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P99000003323**

1. Corporation Name
CARL D. BERRY, P.A.

Principal Place of Business 6730A WEST COMMERCIAL BLVD. LAUDERHILL FL 33319	Mailing Address 6730A WEST COMMERCIAL BLVD. LAUDERHILL FL 33319
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REINSTATEMENT **00**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 01/11/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEL Number 65-0886983	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BERRY, CARL D ESQ	6730A WEST COMMERCIAL BLVD.	LAUDERHILL FL 33319
			9/16/00 910095019 0550.00
			400003535584--7 -01/12/01--01054--001 ***200.00 ***200.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BERRY, CARL D ESQ 6730A WEST COMMERCIAL BLVD. LAUDERHILL FL 33319		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent SIGNATURE Date 12/27/2000

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: SIGNATURE CARL D. BERRY ESQ Date 12/27/2000 Daytime Phone # 954 572-7511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KE

CR2E040 (8/00)